

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

1003

62-020618
5325 STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

Registrar's No.

FILED MAY 31 1962

1. PLACE OF DEATH

a. COUNTY

-

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN *St. Louis*Length of stay in 1b
*2 years*c. CITY
OR
TOWN*St. Louis*Inside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION *5815a Loran*Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS *5815a Loran*Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

*Charles**Louis**Kleinschmidt*4. DATE
OF
DEATH

Month

Day

Year

*May**27**1962*

5. SEX

male

6. COLOR OR RACE

*white*7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

*5-18-1868**94*

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)*Accountant*

10b. KIND OF BUSINESS OR INDUSTRY

Service Station

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Louis Kleinschmidt

13b. MOTHER'S MAIDEN NAME

Sophia Krieger

14. NAME OF HUSBAND OR WIFE

Carrie Kleinschmidt

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

*Mrs. Esther Johnson 5815a Loran*18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

*Anteriorly located N. D. S.*INTERVAL BETWEEN
ONSET AND DEATH*1 yr.*Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

*4200*PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (e)*Chr. Prostatitis*PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.
Month, Day, Year20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from *Jan 15 1962* to *May 27 1962* and last saw him alive on *May 27 1962*
Death occurred at *2:15 AM* m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

E. Kleinschmidt

22b. ADDRESS

*M.D.**508 N. Grand Ave*

22c. DATE SIGNED

*5/27/62*23a. BURIAL, CREMATION,
REMOVAL (Specify)*burial*

23b. DATE

5-29-62

23c. NAME OF CEMETERY OR CREMATORY

Valhalla

23d. LOCATION (City, town, or county)

St. Louis, Missouri

24. FUNERAL DIRECTOR

MITTELBERG GERBER

COLONIAL CHAPEL

25. DATE RECD. BY LOCAL REG.

*MAY 28 1962**Robert Smith M.D.*USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harvey Kable

Licensed Embalmer No. 4596

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.